31-B
R.C. 3517.10

Page 3

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full
Citizens Committee for Persons with DD

To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check Number			

To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check Number			

To Whom Paid			M	D	Y	Amount
Expenditures from Form 31-F (Community Star Awards)			10	01	19	15,845.27
Address	Purpose					
City	State	Zip Code	Check Number			

To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check Number			

To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check Number			

To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check Number			

To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check Number			

To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check Number			

Page Total $ 15,845.27